

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3/21/03.

I. DISPUTE

Whether there should be reimbursement for 63090 – vertebral corpectomy, 63091 – vertebral corpectomy each additional segment x 2, 22899 – spinal prosthesis implant x 2, 22899-85 – spinal prosthesis implant physician assistant x 2, dated 4/1/02,

II. RATIONALE

All denials and reductions made by the respondent were based upon “C” – negotiated contract. The requestor did not dispute the existence of such a contract; however, neither the requestor nor the respondent furnished a copy of the contract to verify the amount of reduction per the contract. Additionally, of the disputed services, there was no way to estimate a contractual discount as all disputed services were paid \$00.00 on the basis of “C” – negotiated contract. On this basis, all disputed services will be based upon the 1996 Medical Review Guideline.

The operative report, dated 4/1/02, confirms delivery of the following disputed services as billed:

63090 – vertebral corpectomy – Per the MFG, the MAR is \$4,248.00.

63091 – vertebral corpectomy each additional segment x 2 – Per the MFG, the MAR is \$708.00.

22899 – spinal prosthesis implant x 2 – Per the MFG, the MAR is DOP. The requestor billed \$4,500.00 per unit. The respondent reduced a non-disputed charge to \$2,360.00 as reasonable and necessary with a \$500.00 contract reduction. This amount was not refuted by the requestor.

22899-85 – spinal prosthesis implant physician assistant x 2 - Per the MFG, the MAR is DOP. The requestor billed \$1,800.00 per unit. The respondent did not refute the DOP charges as reasonable and necessary; therefore MAR would be 10% or \$180.00 per unit.

The Medical Fee Guideline, Surgery Ground Rules (I)(D)(1) states, “The Multiple Procedure Reimbursement Rule is:

- (a) 100% of the MAR for the primary procedure, (major procedure reflecting the greatest value).
- (b) 50% of the MAR for secondary or subsequent procedures when:
 - (i) the secondary or subsequent procedures are performed through the same incision and related to the primary procedure;

Therefore, 63090 – vertebral corpectomy should be reimbursed at 100% of MAR or \$4,248.00 and 63091 – vertebral corpectomy each additional segment x 2 should be reimbursed at 50% of MAR or \$354.00 per unit.

22899 – spinal prosthesis implant x 2 – Per the MFG, the MAR is DOP. The requestor billed \$4,500.00 per unit. The respondent reduced this charge to \$2,360.00 as reasonable and necessary including a \$500.00 contract reduction. This amount was not refuted by the requestor. On this basis, reimbursement of \$2,360.00 per unit is recommended.

The physician assistant fee is payable at 10% of the MAR. The requestor billed \$1,800.00 for this service; therefore, reimbursement of \$180.00 is recommended for 22899-85 per the MFG.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 63090 – vertebral corpectomy, 63091 – vertebral corpectomy x 2, 22899 – spinal prosthesis implant x 2 and 22899-85 – spinal prosthesis implant physician assistant x 2 in the amount of **\$10,036.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$10,036.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 5th day of April 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

David R. Martinez, Manager
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DRM/nlb